

In Defense of the College Psychiatrist

JOHN R. SEELEY

Before becoming dean of the Center for the Study of Democratic Institutions in 1966, John R. Seeley was chairman of the Department of Sociology, Brandeis University. He is author of *Crestwood Heights*, *Community Chest*, *The Alcohol Language*, and *The Americanization of the Unconscious*.



Note: In "The Psychiatrist as Double Agent" (October, 1967), Dr. Thomas S. Szasz asserted that college psychiatrists have two faces. "Toward the students," he wrote, "the college psychiatrist . . . is a compassionate counselor and therapist who promises to be a faithful conspirator with the student in his struggle for liberation from the parent and educational authorities. Toward the institution and the outside world, he . . . is a wise physician who will select and control students and inform about them as the needs of the school and the community require." Dr. Szasz buttressed his critique with selections from the published writings of Drs. D.L. Farnsworth and G.B. Blaine Jr. The article that follows, according to Dr. Seeley, is "in moderation of Dr. Szasz."

When I was very young and green and had only the most nodding acquaintance with my own cruelty, I fell with limber ease into the role of critic. So I felt very good and self-righteous when I castigated men unmercifully for the things they wrote in books.

And psychiatrists who wrote books about what they were doing often offered themselves as natural victims. For many very good psychiatrists are very bad meta-psychiatrists. After all, the very gifts they must cultivate to hear what a patient says in all its multiple meanings at all its multiple levels—while entering into, analyzing, and resolving transference and countertransference—are not, in general, the gifts that make for critic-proof writing. Critic-proof writing comes best from those who habitually cast themselves as in an adversary-proceeding: The problem is always that of adequate *defense*.

Effective therapy depends on something quite different—an ally proceeding, in which one enters the life and life-situation of another so that the person's own messages to himself can be interpreted in such fashion that he may become (again) his own best interpreter. The language of the consulting room is, therefore, allusive and evocative. The sharp, exact, abstract, narrowed-meaning terminology proper to a critic-proof meta-psychiatry would, in most cases, be fatal to therapeutic progress. Indeed, many patients have already learned too early to chop themselves up with just such learned knives.

I should have known all this long ago, since my life was largely cast among psychiatrists, and daily I had seen the good work done by many who wrote the worst about their work. Perhaps it was more fun to play what Dr. Eric Berne calls the game of "I've got you now, you son of a bitch," and to impale mercilessly the

bad descriptions while shutting my eyes to the good work.

As I grew up, I began to put together what good therapists did well and what they said about it badly, and tried to help them bring out of the two an object worthy of critical appreciation. This is what we do with people we care about—as we do with patients. We professionals should try to do so with one another.

Dr. Szasz, who cannot help knowing Drs. Farnsworth and Blaine and their operations, might therefore have taken off from them and what they do (as well as what they say) and have come out with a less devastating but much more useful critique. I am sorry he didn't.

Things get even worse when he extends his remarks from criticism of what Farnsworth, Blaine, and others say to what "college psychiatry" *is*. For he knows as well as I—or should—that "college psychiatry" is practiced at least somewhere (M.I.T., if we want a case) quite differently, and with exquisite sensitivity to the ambiguities and dilemmas and uncertainties and risks to which he properly draws attention.

Avoiding Self-destruction

Before we turn to the problems of the college psychiatrist, we had best be clear as to what is involved in pure *private* practice. The basic question is whether there is anything *intrinsically* self-contradictory (or immoral or counter-therapeutic or impractical) about the psychiatrist's role. If, for instance, the psychiatrist is, *must be*, the covert representative of the going social or political order at the same time that his patient thinks he is committed, single-eye and single-heart, to *his* welfare, then we might have to conclude that the therapist's practice is necessarily based on deliberate vagueness or deceit. Such views of intrinsic contradictory loyalty have indeed been put forward. But they appear to me to have little merit.

The ground usually given for this allegation is that the psychiatrist must "represent" the claims of society on the patient even while recognizing the claims of the patient on society—and he must mediate these claims by a sort of indirect and hidden persuasion. He is thus "really" helping his patient adjust to "reality," especially social reality, to the status quo. I do not doubt that some men do such things, just as some surgeons butcher. But butchery is not thereby surgery, nor is this kind of brainwashing psychiatry.

It is not even the case, I believe, that the psychiatrist, as a psychiatrist, has any obligation to prevent his patient from destroying himself or another person—though his marginal contingency is always brought in to suggest that at bottom he *is* a policeman.

But imagine an Erich Fromm, consulted by a man who thinks he has rationally concluded that the best

thing *he* can do for the world is rush next to Hitler at the height of his mass-murderous powers and pull the pin from a grenade. What will Fromm want to know so that his "patient" can be reassured that his plan is basically what the patient takes it to be: a quiet, sober, reasonable judgment? That there is no better way? That the patient is undistortedly aware of the possibilities and probabilities? That the patient's integrity is preserved? (Presumably Fromm might also agree politically, but that is another matter.)

Indeed, the very phrase "destroying himself" is ambiguous. The patient may destroy himself *in the only sense to which psychiatry must be responsive* by *not* trying to kill Hitler. Acting so, he can only die—but die intact and enlarged. Unlike the policeman, the psychiatrist is to guard psyches, not bodies.

But what if the patient were "mad"? Then the psychiatrist should indeed prevent his trying to kill Hitler—or the little girl next door, or his country's "enemies" in battle. What the psychiatrist *is* to prevent is any act that carries the patient further to self-destruction. Death is not the test. And clearly that is not a policeman's role. For the typical American policeman will be indifferent to the killing of Hitler (before the outbreak of World War II, any rate), opposed to the little girl's, and supportive of the enemy's, if that happens to be national policy.

Of course, there is a sense in which the psychiatrist must "represent the social"—just as he may have to "represent the physical," if his patient can't distinguish between cyanide and seltzer. In both cases, he may have to "represent," or help the patient appreciate, the actual and potential contexts for action and attitude. But this is a far cry from representing the official line or fronting for the establishment, or the middle class, or bureaucratic convenience, or what not.

I thus see no barrier in private practice to the psychiatrist's single-minded concentration on the patient's welfare, defining that welfare by criteria that apply to all sane men everywhere and by desires the patient actually and fundamentally has—and, as release proceeds, will recognize and embrace.

The Problem of Publication

Now to build a bridge to the college psychiatrist.

The private practitioner may decide to add to the general body of knowledge on which the practice of his profession depends. He may thus want to survey his experience with his hysterics (if he can still find any) or his obsessives or his character neurotics, and to report to *his colleagues*, while legally "saving harmless" his individual patients and all such patients by the usual safeguards of anonymity and disguise.

But the minute we go beyond this—and psychiatrists cannot control circulation!—the minute publica-

tion reaches industrial psychologists, personnel managers, or other aides to "manpower-use," we *do* have a problem. For much of the knowledge that the true therapist needs to liberate, the manager-exploiter needs to imprison. It is altogether likely that if there is a resurrection of fascism at home, the new and effective restraints will be more psychological than physical: terror without whips and electric generators; imprisonment without electric fences and thick stone walls. Thus, as will soon appear, even the private practitioner who does more than simply practice has already some of the problems of the college psychiatrist.

For the college psychiatrist does have an allegiance beyond the one to his patients, which is first, and to his fellow-therapists, which is next. By a common enough understanding, he has another obligation: to communicate permissible information to those who can improve the educational process in college. Note that this is not a license to practice as "The Spy in the Corporate Structure."

Let me say at once that, for a psychiatrist to be faithful to this obligation, we must assume what is hardly anywhere true, namely, that the sole or principal or even important occupation of any existing college or university is to educate. Hardly anywhere is any educational aim paramount; and even where it is, hardly anyone has the vision, skill, will, knowledge, and capacity to pursue it. The college as it exists resembles the minimum-security wing of the general correctional system, or a sort of egg-candling-and-grading station for the military-industrial-intellectual complex, or a sort of jazzed-up and gentled-down boot-training camp. Its objects are to hold secure, train, shape, tame, and contain, to render uniform and usable enough the "manpower pool" that these too-various, too-genuine, too-real, too-concerned students represent—if they could be brought to terms, brought to shape up, brought to the bargaining table. That requires a lot of truncation, pruning, damping-down, rounding-off, killing out, defeating, and redirecting—and that is what, under present circumstances, the college is mostly for and about. The "educational content," such as it is, is in part a relatively harmless training in "skills," or the piling up of disjoint increments to dubiously useful piles of information, while it is also partly a means for "socialization" (in the peculiarly narrow sense indicated) for which stringing beads or hoeing cotton or breaking rocks would be a pretty adequate substitute.

This being the case, the college psychiatrist cooperates with the power-holders in the institution (the plantation owner and his overseers) at mortal peril to his professional soul—even when the cooperation is restricted to providing them with general information. He must take it that, for the most part, even general information furnished, unless great pains are taken to the

contrary, functions only as military intelligence about the enemy: students, in the case of the faculty and administration; students and faculty, in the case of the administration.

At first sight, one might say that the college psychiatrist should therefore resign—unless he can function solely as the private psychiatrist of those students who seek him out (the only difference being that, in effect, the college would pay their fees). The reason for this would be, of course, that the psychiatrist's natural ally and colleague, the true educator, is most notable by his absence.

I would indeed so recommend—but for the force of two facts. The first is that no college is so homogeneously bad as my general characterization makes out. Even in the worst, there may be a handful of true teachers who need the help of the true psychiatrist to do what only the two of them together can do: free the student into his self-education. And the second fact is that there is probably no way in which the colleges can be converted into *educational* institutions without psychiatric help.

I do not mean that psychiatric help is sufficient; only that it is necessary. It is not sufficient because, without structural alteration, the American college and university *must* remain counter-educational. Men cannot be educated for freedom except in freedom; and the university is not free, but a gentled-down slave state—indeed, the worst kind, with a large part of the day-to-day authority delegated to slave overseers or "trusties." And that situation will not be revolutionized—though it may be changed—by psychiatry alone. (The university is a *political* captive; it is generally held by power; and only power or the possibility of countervailing power will, in most cases, free it. And only when it is free will it be able to educate.)

But in preparation for that overdue revolution, and in mitigation of the worst of the present practices, the psychiatrist can do a great deal.

Enhancing Self-discovery

First, by his very presence and practice he can provide a model of what education ought to be. What he pursues is a particular best strategy for each patient (person, pupil)—not an impersonal scheme adapted to classes or masses. He begins where the patient (pupil) is, and moves gently and sensitively ahead. He deals with the inner world and the outer world simultaneously and in traced relation to each other. He joins care for the patient (pupil) and care for the "discipline" so that they are clearly seen not to be alternatives, but reciprocally and mutually ends and means. He rejoins "cognition," "affect," and "evaluation," and reunites these with their consequence and context in action. He rejoins the conscious and the uncon-

scious, the seemingly important and the seemingly trivial, the pattern and the variations, the ostensible and what lies behind it.

So far as possible, he minimizes his intervention, so that the greater part of the enterprise is the patient's own voyage into self-discovery (and finally invention or reinvention) of self and world, bounded at the limit by "reality." He takes account of countertransference, and so restrains exploitation—even mutual exploitation. He tries to eliminate power from the relationship, and so provide a living model of learning. For only when there is a mutual renunciation of power—a condition that is the exact contrary of the normal educational game—can learning occur. And by behaving as a person, rather than functioning as a functionary—by letting the patient experience him, in all his particularity, as a case of all men in their universality—he drives home yet another lesson that educators have to learn before they can begin to teach.

But he can do more. It is true that one may, even from the outside, see the crude damage done by educational institutions as they operate at present. One can glimpse (as does Paul Goodman) or observe more carefully (as does Edgar Z. Friedenberg) the main lines of the systematic distortion and twisting that typically occurs. But it is only in the consulting room that the fine-grain effects, and their causes in people and practices, really become explicit. So that the inner and vital story of what education really *is*—what it does, how, and why, to whom, at whose hands, under what circumstances—emerges largely only in the acts of aid and inquiry of the college psychiatrist, especially if he treats and talks to teachers as well as taught. (What teachers are *really* doing in the classroom—as it emerges in their analyses or in analytically sophisticated research—is wondrous to hear, and helps explain a great deal of what students experience.)

With such knowledge flowing in steadily, it seems to me entirely appropriate to bring such parts of it to the attention of power-holders as would enable those of them who really want to, to reform the worst abuses. Those who show themselves worthy—that is, able and willing to use the knowledge offered to reform the institution and the practices, rather than to defend their ways or extend their imperium—may then be allowed access to further and more sensitive inside knowledge. Thus a limited colleagueship might be built up—as long as, and as far as, the new colleagues show themselves competent for and ethically suited to their educational trust. In the process, many might learn what keeps them from willing the good that they are bound as educators to will, or having willed it, from realizing it.

Such a process, moreover, cannot but lend additional force to the necessary structural revolution. For once

the teachers have been rendered less timorous in the heartland of their profession, the intolerableness of the limits set in a university by academically irrelevant aliens will seem evident to them, and they will move to throw off the bonds that hinder the proper professional practice and daily destroy their dignity as free men.

All that falls outside this framework, I agree with Szasz, is forbidden. And many of the examples he gives are violations of trust, brutal beyond belief and mistaken beyond credibility. The college psychiatrist has two clients: the voluntary patient (whether student, teacher, or "administrator") and perhaps, but in a different sense, the college community. In most places the college community does not exist, but he could help bring it into being by focusing the concerned attention of *all* on what is really going on.

Such efforts might give us what we must have: a community that is at once educational and therapeutic. And if we fail in this, the alternative for a mass society is, I believe, what we see emerging everywhere now: a drift toward a sort of velvet or silver fascism, a fascism of the spirit if not of the forms of government. For we cannot abandon what we have learned about how people and societies work. We can only turn it to good or evil uses: to subtle slavery or robust freedom.

The psychiatrist is, I think, *one* pivotal professional whose decision will help make that life-or-death decision. His client in this may well be all humanity—and for the entire future.